

care reform to happen now. In my district, almost half of my constituents go without insurance. They face some of the most expensive costs and are afflicted with high rates of chronic diseases, such as diabetes and heart disease. Congress has neglected these problems for far too long. Those that are suffering the most and need the most care do not have access to the affordable coverage they need.

What's in it for you? Stability, security and quality. Let me summarize our Democratic plan like this: No discrimination for preexisting conditions like diabetes, heart conditions or cancer. No drop in your coverage because you become sick. No refusal to renew your coverage if you've paid in full and become ill. No more job or life decisions made based on loss of coverage. No need to change doctors or plans if you like the coverage you have. No copays for preventive and wellness care. No excessive out-of-pocket expenses, deductibles or copays. No yearly or lifetime cost caps on what insurance companies cover.

I urge my colleagues to support the Democratic proposal.

HEALTH CARE

(Mr. KINGSTON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KINGSTON. Mr. Speaker, how does Speaker PELOSI plan to pay for her \$1.2 trillion government takeover of health care? Simple—higher taxes, higher premiums and cuts in Medicare. What does this mean to mom and dad back home? It means 6 million will be forced off of their Medicare Advantage Program. It means their doctor will now be assigned to them by a government bureaucrat, not by their own choice.

In the rural area that I represent, they're facing \$83 billion in cuts, so rural nursing homes will close down. And for seniors in Medicare part D, a 20 percent increase in drug costs.

This is not a good plan. If the kitchen sink is leaking, you don't take a wrecking ball to the whole kitchen. You fix the sink. We need targeted, market-oriented reforms to make health care more affordable and more accessible for everyone, especially our seniors on a fixed income.

HEALTH CARE

(Mr. REICHERT asked and was given permission to address the House for 1 minute.)

Mr. REICHERT. Mr. Speaker, so much is at stake, and the well-being of Americans is on the line. And it's clear that we need health care reform, but that reform must protect and strengthen the health care of all Americans.

The current overhaul bill would make \$500 billion in cuts to Medicare, \$156 billion in cuts to Medicare health plans and would affect 14 million Amer-

icans across this Nation. This is not the kind of reform we need.

Also, Mr. Speaker and seniors, pay close attention to this: There is an unusual advocate for these massive cuts to seniors' health care. It's AARP, who receives nearly 40 percent of its revenue from selling health insurance products. Why would AARP support a bill cutting benefits for its members? Are they truly looking out for the best interests of seniors? Could it be that AARP has a hidden profit agenda?

This morning's Washington Post explores this issue in an article entitled, AARP: Reform Advocate and Insurance Salesman. I urge people to read it. I do believe there is a conflict of interest here, Mr. Speaker, and I will continue asking the questions necessary to ensure we protect our seniors' health care.

HEALTH CARE

(Mr. TIBERI asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TIBERI. Mr. Speaker, throughout the course of this debate on health care, we've heard a lot about cracking down on waste, fraud and abuse. I support that. In fact, I wrote a letter to the chairman of the Ways and Means Committee and the chairman of the Government Reform Committee asking that we hold hearings on the issue. I haven't heard back. Why would we need hearings when this bill now is being written behind closed doors, behind closed doors for no one else to see?

And it appears to me, Mr. Speaker, that the majority's plan for paying for this in part is on the backs of seniors. In my district, a third of my seniors are on Medicare Advantage plans. They like what they have. Under the Democrat bill, they will not be able to keep it because it will be cut.

Now, Mr. Speaker, we can only guess at this point what the health care bill will look like because it's being written behind closed doors. Only time will tell. So much for openness and transparency.

PROPOSED HEALTH CARE REFORM HURTS SENIORS

(Mr. BOOZMAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BOOZMAN. Mr. Speaker, we need to contain the cost of health care to make it more affordable for all Americans, but we cannot do this by cutting the services to our senior citizens. We have the responsibility to ensure that we don't harm the health care they currently have through Medicare. But the legislation supported by the White House, Speaker PELOSI and Senator REID doesn't protect that care.

Included in this health care plan is more than \$162 billion in cuts to Medicare Advantage. More than 25,700 resi-

dents of Arkansas' Third Congressional District are enrolled in this program, and I know the positive impact it makes in the lives of Arkansans and all American seniors. This is bad practice to cut from critical services like Medicare Advantage and something that I cannot support.

Rather than cut services, we need to examine how we can save money by getting rid of the waste and fraud in Medicare. Mr. Speaker, we can craft a bill that allows access to quality and affordable health care without sacrificing services to our seniors.

COMPETITION

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Mr. Speaker, there's been a lot of talk about choices and competition recently. We're hearing now that some on the other side of the aisle want to rename the "public option" the "competitive option."

Will the competitive option negotiate with doctors like private insurance? No. Will the competitive option be subject to thousands of different State mandates on coverage? No. Will a competitive option be subject to State and local taxes? No. Will the competitive option face an endless assault of lawsuits costing billions of dollars? No.

Senate Leader REID has brought forth a bill that would allow individual States a choice to opt out of the competitive public option. What we're not sure of is whether people in these States will be able to opt out of the billions of new taxes mandated by the bill. Like most Federal programs, the States will either accept the program or watch their citizens' tax dollars go to other participating States.

The government option offers few choices, and its competitive advantages will mean that in a very short time, millions of Americans will end up with no option, just the government.

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SENIORS AND HEALTH CARE REFORM

(Mr. ADERHOLT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ADERHOLT. Mr. Speaker, there is bipartisan consensus that Congress must help with affordability, with access and with the availability of health care for American families. There is no question that Congress must act and that we must address the issues, but the current Democrat health plan is not going in a bipartisan direction. Not only is the current Democrat health plan the wrong approach; it could harm various groups of Americans who need and who depend on quality health care the most.

One of the groups is seniors. In my home State of Alabama, seniors make